

3. No. 300
v. 10-48

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5581 State File No. 9376

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY Jasper - <i>Jasper Township</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION One mile north of Chitwood		d. STREET ADDRESS (If rural, give location) One mile north of Chitwood	

3. NAME OF DECEASED (Type or Print)	a. (First) Sarah	b. (Middle) Margrete	c. (Last) Messer	4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 22, 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Aurora Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME J. C. Berry	13b. MOTHER'S MAIDEN NAME Jerusha Johnson	14. NAME OF HUSBAND OR WIFE W. P. Messer, deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Frank A Messer	ADDRESS Joplin, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypostatic pneumonia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Injury to pelvis after patient fell in home</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>172</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident in home pres. partial panel</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Joplin Jasper Mo</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>Fell in own home</i>
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22. I hereby certify that I attended the deceased from *(and resided at same)*, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Walter J. Coroner Jasper Co</i>	(Degree or title)	23b. ADDRESS <i>Joplin Mo</i>	23c. DATE SIGNED <i>2-27-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>2-27-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Messer</i>	24d. LOCATION (City, town, or county) (State) <i>Joplin Kansas</i>
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DATE REC'D BY LOCAL REG. <i>2-27-50</i>	REGISTRAR'S SIGNATURE <i>By Walter J. Coroner Jasper Co</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter J. Coroner Jasper Co</i>	ADDRESS <i>Joplin Kansas</i>
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(Licensed Embalmer's Statement on Reversed Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-6-50

Jasper County Health Office

County File Number 50-3-181

Date Filed 3-25-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Howard E. Gibson

Signed _____
Student Embalmer

Kansas-Licensed Embalmer No. 2310

P. O. Address Galena, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.